cause of diarrhea in the neutropenic patient is mostly in the form of infective diarrhea. Diarrhea due to vitamin deficiency should be kept in patients with malnutrition .

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PP 25

CAVITARY PRIMARY PULMONARY LYMPHOPLASMOCYTIC LYMPHOMA COMPLICATING HENOCH–SCHÖNLEIN PURPURA

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Introduction: Non-Hodgkin lymphoma (NHL) may occur in the chest, often as secondary involvement but occasionally as primary disease. Low-grade pulmonary B-cell lymphoma is the most frequent form. The diagnosis based on histological examination of surgical samples. Henoch–Schönlein purpura (HSP) as a systemic vasculitis typically less commonly affects adults. Triggers including infections, medications and malignancy for HSP have been recognized. **Case report:** We report a patient presenting with HSP who had primary pulmonary lymphoplasmocytic lymphoma (PPLL) as an underlying malignancy. Case: 57-year-old male patient developed chest pain with a hemoglobin level 5.9g/dL. Symptoms resolved after erythrocyte transfusions. He has been diagnosed as having type 2 myocardial infarction. The detailed investigation contributed to warm autoimmune hemolytic anemia (AIHA) diagnosis. Steroid was started. He had high eryhtrocyte sedimentation rate. Further workup revealed bilateral multiple hilar lymphadenopathies and nodular cavitary pulmonary lesions on torax CT. The clinical picture and laboratory evaluation were not consistent with invasive fungal infection and tuberculosis. Purified protein derivative (PPD) skin test was negative. Bronchoalveolar lavage did not reveal any atypical cell and culture positivity. Thoracoscopic lymph node excision was performed. Histologic investigation showed plasma cells in the paracortical area with a slight increase in kappa to lambda ratio (3:1). A fine needle aspiration biopsy of lung tissue revealed lymphoplasmocytosis. PET-CT documented cavitary nodular lesions and hilar lympadenomegalies but no other suspicious lesion. Biopsy sample from one lesion sized 18×12 mm with SUVmax 5 revealed plasma cell infiltration with an IgG kappa phenotype. PPLL was diagnosed. Meanwhile AIHA responded to steroid but recurred during dose tapering. PPLL treatment with bortezomib and rituximab based regimen was decided. AIHA went in remission but relapsed after one year with HSP associated clinical picture. He had severe abdominal pain with intestinal wall thickness. Biopsy samples from kidney showed IgA vasculitis and from skin granular type of IgA and C3 deposition in the walls of small diameter vessels in the papillary dermis. Pulse steroid followed by cyclophosphamide controlled the clinical picture. **Conclusion:** We wished to highlight that in adults presenting with HSP may be a sign of underlying malignancy relapse.

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PP 26

ANTICARDIOLIPINIC ANTIBODIES IN NON-HODGKIN LYMPHOMA

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SUMPh "Nicolae Testemiţanu"

Objective: Identification of hemostasis changes in patients with non-Hodgkin's lymphoma (NHL) and anticardiolipin antibodies (aCL). **Methodology:** The study included 83 patients (men-34, women-49) with a mean age of 63.2 years, with NHL, investigated complex, by research of lupus anticoagulant (LA) by Turbidimetry; antiβ2glycoprotein I IgG, IgM and aCL antibodies, by ELISA method. Hemostasis disorders were evaluated according to the type of NHL, stage, tumor size. **Results:** aCL were detected in 10 (12%) patients: 6 patients with aggressive type lymphoma and 4 patients with indolent type lymphoma, with advanced stage B cell NHL in 60%, mean age 52.8 years. LA was present in 80% of cases, unlike aCL IgG antibodies (10%) and antiβ2glycoprotein I IgG (10%). Hemostasis disorders were found in 6 (60%) patients: thrombotic events-at 4 (40%) patients with Mantle cell lymphoma (1 patient), Small lymphocytic lymphoma (1 patient), lymphoblastic lymphoma (2 patients). Local stage (I and II) of the lymphoma was in 75%, but with a large size of the tumor (> 11 cm), and hemorrhage at 2 (20%) patients with stage IV Small lymphocytic lymphoma, in which immune thrombocytopenia developed. **Conclusion:** The presence of antiphospholipid antibodies, in particular of lupus anticoagulant, advanced age, generalized stage, and large tumor size are risk factors for the development of hemostasis diseases in NHL patients, especially thrombosis.

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PP 27

A CASE OF STAGE 1E DIFFUSE LARGE B-CELL LYMPHOMA PRESENTED WITH KNEE INVOLVEMENT

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